



Department of Finance & Administration
Office of Accounting
ASSET TRANSFER REQUEST FORM

Sending Business Area: _____

Asset Number: _____

Asset Description: _____

Inventory Number: _____ Serial Number: _____

Prior Year Acquisition: ☐ Current Year Acquisition: ☐

Receiving Business Area: _____

Information for asset record:

Asset Description: _____

Cost Center: _____ Fund: _____ Fund Center: _____

Inventory Number: _____

Manufacturer: _____ Include Asset in Inventory List: ☐

Quantity: _____ Status: _____

Unit of Measure: _____ Class Code: _____

Room: _____ License Plate Number: _____

Personnel Number: _____

Reason for Transfer / Other Comments: _____

By signing below agency representatives certify that all above information is correct and that the above asset will be transferred/received after receipt of approval by DFA – Office of Accounting.

Sending Agency CFO or Designee _____

Date

Receiving Agency CFO or Designee _____

Date

Office of Accounting use only:

☐ Approved
☐ Not approved

By: _____

Posting Date: _____

Receiving Asset Number: _____